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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/605,599	<b>FILING DATE</b> 06/28/2000 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 25795-2
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**APPLICANTS**  
Wayne H. Kaesemeyer, Augusta, GA ;

**\*\* CONTINUING DATA \*\*\*\*\*** *293,392*  
THIS APPLICATION IS A CIP OF 09/259,392 01/28/1999 ABN *574/388*  
WHICH IS A CIP OF 08/693,882 08/05/1996 PAT 5,767,160  
WHICH IS A CIP OF 08/321,051 10/05/1994 PAT 5,543,430  
AND SAID 09/239,392 01/28/1999  
IS A CIP OF 09/226,580 01/07/1999  
WHICH IS A CIP OF 08/833,842 04/10/1997 PAT 5,968,983

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 08/17/2000** **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**  
Controlled release arginine formulations

<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

